

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/553,018

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4	1					
5		1				
6		5				
7		5				
8	①	①				
9						
10	①	①				
11						
12	①					
13	1					
14		1				
15	1					
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TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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